



Date:

To:

From:

Subject: Request for Alternative Work Schedule (WDRS)

I request consideration and approval to participate in the following alternative work schedule:

☐ Modified 5/4-9 (for weekly employees only) ☐ 5/4-9 (for monthly employees only)

Effective dates: Beginning: _____ through _____

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
End Time: (includes 30 minute unpaid lunch)					
Hours Worked or Charged:					

For monthly employees only: fill out Week 2 schedule

WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
End Time: (includes 30 minute unpaid lunch)					
Hours Worked or Charged:					

(See your Manager for available start/end times to ensure department coverage.)

I understand that this schedule may be modified or cancelled in accordance with the Alternative Work Schedule Policy. Participation is not an employee right or benefit and may be discontinued by either party with 30-day notice for monthly employees or one-week notice for weekly employees.

Employee Signature Date

Supervisor Signature Date

Division/Section Head Signature Date

Workforce Resources & Development Signature Date

☐ Approved
☐ Not Approved

☐ Approved
☐ Not Approved

☐ Approved
☐ Not Approved